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| Minnesota Pollution Control Agency (MPCA), 520 Lafayette Road North, St. Paul, MN 55155-4194 | UST emergency stop  switch inspection form  Underground Storage Tanks (UST) Program  Doc Type: Compliance Certification |

Purpose:This form is to verify the operation of all emergency stop switches/buttons (E-stop). Each E-stop must disconnect power to dispensers, submersible turbine pumps (STP’s) and all non-intrinsically safe electrical equipment in classified areas. Test each E-stop seperately. See PEI/RP1200, Section 11 for inspection procedure.

## **Facility information**

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| Facility name: | | |  | | | | | | | | | | | |
| Facility address: | | | |  | | | | | | | Facility ID#: | | |  |
| City: |  | | | | | | | State: |  | | | Zip code: |  | |
| Owner name: | | |  | | | | | | | | | | | |
| Mailing address: | | | | |  | | | | | | | | | |
| City: |  | | | | | | | State: |  | | | Zip code: |  | |
| Phone: | |  | | | | Fax: |  | | Email: |  | | | | |

Testing information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. E-stop number or ID | | |  | | |  |  | |  |  |
| 2. Location | | |  | | |  |  | |  |  |
| 3. System is fully powered and in normal operating condition? | | | Yes  No | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| 4. After activating E-stop, power has been disconnected from: | | |  | | |  |  | |  |  |
| 4a. All dispensing devices on all islands? | | | Yes  No | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| 4b. All STPs for all grades of fuel? | | | Yes  No | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| 4c. All power, control and signal circuits associated with the dispensing devices and the STPs? | | | Yes  No | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| 4d. All other non-intrinsically safe electrical equipment in classified areas surrounding fuel dispensing devices? | | | Yes  No | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| 5. Are the E-stops properly located within 100 feet of the dispensers but not closer than 20 feet from the dispensers? | | | Yes  No | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| 6. Are the E-stops clearly identified? | | | Yes  No | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| 7. All intrinsically safe electrical equipment remains energized after E-stop activation? | | | Yes  No | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| 8. After testing, has E-stop been reset and power reestablished to normal operating condition? | | | Yes  No | | | Yes  No | Yes  No | | Yes  No | Yes  No |
| **A “No” to lines 6-11 indicates a test failure.** | | |  | | |  |  | |  |  |
| **Test results:** | | | Pass  Fail | | | Pass  Fail | Pass  Fail | | Pass  Fail | Pass  Fail |
| **Comments:** | | | | | | | | | | |
| Testing company name: |  | | Tester’s name: | | | |  | | | | |
| Date (mm/dd/yyyy): |  | | | Tester’s signature: | | |  | | | | |